

## MONTHLY OPERATING REPORT

### CHAPTER 11

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee For Period March 1 to March 31, 20 10.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 4-23-10  
(date)

Debtor(s)\*: Prevalence Health, LLC

By:\*\* Chris Cooley

Position: Acting CFO

Name of preparer: Chris Cooley

Telephone No. of Preparer 601-981-0070 ext 233

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

	Filing Date				Month				Month			
	12/31/09	1/31/10	2/28/10	3/31/10	4/30/10	5/31/10	6/30/10	7/31/10	8/31/10	9/30/10	10/31/10	11/30/10
<b>ASSETS:</b>												
CURRENT ASSETS:												
Cash.....	1,676,083	1,685,525	1,484,147	1,388,697								
Accounts Receivable, Net.....	294,528	292,898	293,506	293,114								
Inventory, at lower of cost or market.....	0	0	0	0								
Prepaid expenses & deposits.....	75000	84930	78400	79800								
Other <u>Receivable from Sale of Assets</u>	19,656	19,656	19,656	19,656								
TOTAL CURRENT ASSETS.....	2,065,267	2,083,009	1,875,703	1,781,267								
PROPERTY, PLANT & EQUIPMENT.....												
Less accumulated depreciation.....												
NET PROPERTY, PLANT & EQUIPMENT.....	0	0	0	0								
OTHER ASSETS												
<u>Deposits</u>	56,726	55,733	55,733	55,733								
TOTAL OTHER ASSETS.....	56,726	55,733	55,733	55,733								
TOTAL ASSETS.....	2,121,993	2,138,742	1,931,442	1,837,000								

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

\* Account contains approximately \$187,768 that related to funds received for payment of post-acquisition receivables into Prevalence's account that is owed to SafeMeds. The offset is in Accruals, which includes a liability to SafeMeds of the same amount.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-07016-ee

COMPARATIVE BALANCE SHEET

ASSETS:

Filing Date

CURRENT ASSETS:

Cash.....  
Accounts Receivable, Net.....  
Inventory, at lower of cost or market.....  
Prepaid expenses & deposits.....  
Other Receivable from Sale of Assets

TOTAL CURRENT ASSETS.....  
PROPERTY, PLANT & EQUIPMENT.....  
Less accumulated depreciation.....  
NET PROPERTY, PLANT & EQUIPMENT.....

OTHER ASSETS:  
Deposits

TOTAL OTHER ASSETS.....  
TOTAL ASSETS.....

	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
Cash	570,988	616,550	513,396	406,712	417,138	611,481	670,134
Accounts Receivable, Net	960,787	861,350	773,450	807,823	754,358	333,169	277,976
Inventory, at lower of cost or market	369,452	372,870	402,769	400,478	0	0	0
Prepaid expenses & deposits	118,110	151,593	170,837	139,466	122,958	820,94	82,448
Other Receivable from Sale of Assets					954,185	954,185	954,185
TOTAL CURRENT ASSETS	2019,337	2002,363	1,860,452	1,754,419	2,249,179	1,980,929	1,984,743
PROPERTY, PLANT & EQUIPMENT	2,386,097	2,386,097	2,386,097	2,386,096	0	0	0
Less accumulated depreciation	2,244,323	2,244,323	2,244,323	2,244,323	0	0	0
NET PROPERTY, PLANT & EQUIPMENT	141,769	141,769	141,769	141,769	0	0	0
OTHER ASSETS:							
Deposits	48,192	54,193	56,762	56,762	56,726	56,726	56,726
TOTAL OTHER ASSETS	48,192	54,193	56,762	56,762	56,726	56,726	56,726
TOTAL ASSETS	2,109,328	2,185,600	2,041,771	1,927,447	2,305,905	2,037,655	2,041,469

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

\* Adjustments from May 31 to June 9 are not available.

\*\* Reflects both disputed charges billed to Prevalence and amounts reimbursed by SafeMeds.

(A) Effective 9/30/2009, Debtor sold the majority of its assets. This amount represents the monies due the Seller from the Buyer at closing on 10/6/2009.

FORM 2-B  
Page 1 of 2  
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CASE NAME: Pierrelence Health  
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date				Month				Month			
	Date	12/31/09	1/31/10	2/28/10	3/31/10	4/30/10	5/31/10	6/30/10	7/31/10	8/31/10	9/30/10	10/31/10
POST-PETITION LIABILITIES:												
Taxes payable (Form 2-E, pg.1 of 3).....												
Accounts payable (Form 2-E, pg.1 of 3).....												
Other: <u>Misc Accounts</u>												
TOTAL POST-PETITION LIABILITIES:.....												
PRE-PETITION LIABILITIES:												
Notes payable - secured.....												
Priority debt.....												
Unsecured debt.....												
Other.....												
TOTAL LIABILITIES.....												
EQUITY (DEFICIT)												
PREFERRED STOCK.....												
COMMON STOCK.....												
RETAINED EARNINGS:												
Through filing date.....												
Post filing date.....												
TOTAL EQUITY (NET WORTH).....												
TOTAL LIABILITIES & EQUITY.....												

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

Filing Date

	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
<b>LIABILITIES:</b>							
<b>POST-PETITION LIABILITIES:</b>							
Taxes payable (Form 2-E, pg. 1 of 3).....							
Accounts payable (Form 2-E, pg. 1 of 3).....							
Other: <u>Accrued Payroll Vacation</u>		94,609	90,953	108,112	132,641	109,293	93,036
<u>Misc. Accruals</u>		135,461	105,736	97,255	240,575	19,119	75,736
<b>TOTAL POST-PETITION LIABILITIES.....</b>		230,070	196,689	205,367	373,216	128,412	168,772
<b>PRE-PETITION LIABILITIES:</b>							
Notes payable - secured.....							
Priority debt.....							
Unsecured debt.....	5,732,291	5,730,550	5,657,643	5,612,235	5,581,453	5,591,420	
Other.....							
<b>TOTAL LIABILITIES.....</b>	5,732,291	5,730,550	5,657,643	5,612,235	5,581,453	5,591,420	
<b>EQUITY (DEFICIT)</b>							
PREFERRED STOCK.....	5,994,125	5,994,125	5,994,125	5,994,125	5,994,125	5,994,125	5,994,125
COMMON STOCK.....							
RETAINED EARNINGS:							
Through filing date.....	49,635,427	49,635,427	49,635,427	49,635,427	49,635,427	49,635,427	49,635,427
Post filing date.....	4,187,499	4,244,166	4,294,217	4,338,244	4,382,447	4,427,421	4,472,421
<b>TOTAL EQUITY (NET WORTH).....</b>	54,822,852	53,879,593	53,929,644	54,073,671	54,627,572	54,762,848	54,107,848
<b>TOTAL LIABILITIES &amp; EQUITY.....</b>	10,215,143	10,110,143	10,110,143	10,110,143	10,110,143	10,110,143	10,110,143

\* Adjustments from May 31 to June 9 are not available.

\*\* Included amounts billed to Prevalence that are disputed by Prevalence

\*\*\* Includes amounts owed to SafeMeds that were paid to Prevalence

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month
	12/1/09 - 12/31/09	1/1/10 - 1/31/10	2/1/10 - 2/28/10		
NET REVENUE..	0	0	0	0	
COST OF GOODS SOLD:					
Material. *	33760	0	0	0	
Labor - Direct..					
Manufacturing Overhead.....					
TOTAL COST OF GOODS SOLD:	33760	0	0	0	
GROSS PROFIT:.....	63760	0	0	0	
OPERATING EXPENSES:					
Selling and Marketing.....					
General and Administrative (rents, utilities, salaries, etc.) **	13,150	13,901	98,647	28,059	
Other.....					
TOTAL OPERATING EXPENSES.....	13150	13,901	98,647	28,059	
INTEREST EXPENSE.....	549	0	0	0	
INCOME BEFORE DEPRECIATION OR TAXES:.....	47,459	63,901	63,901	63,901	
DEPRECIATION OR AMORTIZATION.....	0	0	0	0	
EXTRAORDINARY EXPENSES *.....	0	0	0	0	
INCOME TAX EXPENSE (BENEFIT).....	0	0	0	0	
NET INCOME (LOSS).....	47,459	63,901	63,901	63,901	

\*Requires explanation in NARRATIVE (Form 2-F)

\* Cost of sales for SafeMeds' benefit - reimbursed by SafeMeds  
\*\* Includes COS expenses for SafeMeds - reimbursed by SafeMeds, plus disputed billings by third parties.

CASE NAME: Prevalence Health LLC  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month *	Month	Month	Month	Month	Month
	6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09	9/1/09 - 9/30/09	10/1/09 - 10/31/09	11/1/09 - 11/30/09
NET REVENUE.....	1,234,205	1,136,933	1,051,684	880,153	49,370	0
<u>COST OF GOODS SOLD:</u>						
Material.....	948,341	948,373	880,562	816,815	31,379	4,12257
Labor-Direct.....						
Manufacturing Overhead.....						
TOTAL COST OF GOODS SOLD: .....	1,028,341	948,373	880,562	816,815	31,379	4,12257
GROSS PROFIT: .....	205,864	188,560	171,122	69,338	18,191	1,225
<u>OPERATING EXPENSES:</u>						
Selling and Marketing.....						
General and Administrative (rents, utilities, salaries, etc.).....						
Other.....						
TOTAL OPERATING EXPENSES. ....	328,598	291,324	211,439	205,451	46,513	45,530
INTEREST EXPENSE.....						
INCOME BEFORE DEPRECIATION OR TAXES: .....	6,491	1,488	615	287	202	
DEPRECIATION OR AMORTIZATION.....	412,7347	4104,2557	441,8057	4136,7287	428,6097	444,5137
<del>Gain on sale of assets</del> <del>Extraordinary expenses</del>	8765	8412	8240	7955	0	0
INCOME TAX EXPENSE (BENEFIT).....	0			400,650	27945	
NET INCOME (LOSS).....	4131,4997	4112,6677	450,0457	255,967	46647	444,5137

\*Requires explanation in NARRATIVE (Form 2-F)

\* Adjustments from May 31 to June 9 are not available.

\*\* Reflects both disputed charges billed to Prevalence and amounts reimbursed by SafeMeds.  
(B) Effective 9/30/2009, Debtor sold the majority of its assets. This amount represents the monies due the Seller from the Buyer at closing on 10/6/2009.

FORM 2-C  
1/08

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period Mar 1 to Mar 31, 20 10

**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 1484147
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 512 436
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$(607 886)
4. Net Cash Flow \$ (95,450)
5. Ending Cash Balance (to FORM 2-B) \$ 1,388,697

**CASH SUMMARY - ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$	
2. <del>Trust Account</del> <u>DEP Acct</u>	\$ <u>36</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>451,584</u>	<u>Regions</u>
4. Payroll Account	\$	
5. Tax Account	\$	
6. Other Accounts (Specify checking or savings) <u>Sale Proceeds mm Acct</u>	\$ <u>937,075</u>	<u>Regions</u>
7. Cash Collateral Account	\$	
8. Petty Cash	\$	
TOTAL (must agree with line 5 above)	\$ <u>1,388,697</u>	

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less  
inter-account transfers & UST fees paid \$ 601,386 \*

\* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.



CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED \_\_\_\_\_

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ <u>499,937</u>			
February	\$ <u>763,379</u>			
March	\$ <u>601,386</u>			
Total				
1st Quarter	\$ <u>1,864,702</u>	\$ <u>6,500</u>		
April	\$ _____			
May	\$ _____			
June	\$ _____			
Total				
2nd Quarter	\$ _____	\$ _____		
July	\$ _____			
August	\$ _____			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

#### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\*Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED \_\_\_\_\_

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total 1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total 2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u> *		<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>170,434</u>			
September	\$ <u>920,721</u>			
Total 3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u> *	<u>61390</u>	<u>10/16/09</u>
October	\$ <u>448,995</u>			
November	\$ <u>472,141</u>			
December	\$ <u>606,081</u>			
Total 4th Quarter	\$ <u>1,567,217</u>	\$ <u>6,500</u>	<u>61430</u>	<u>3/8/10</u>

\* Actually Paid 6,500

\* Actually paid \$8,775 to make up for overpayment in 2nd Qtr.

#### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: **should** agree with "adjusted cash disbursements" at bottom of **Form 2-D, Page 1** of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 2009

Account Name: Prevalence Health Account Number: 9001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
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*See Attached*

Total Cash Receipts \$ 511,582

**Prevalence Health LLC**  
**Cash Deposits**

Type	Date	Description / Source	Amount
Deposit	3/1/2010	Insurance / Medicaid / Medicare	\$10,181.50
Deposit	3/2/2010	Insurance / Medicaid / Medicare	\$20,389.93
Deposit	3/2/2010	Insurance / Medicaid / Medicare	\$12,134.14
Deposit	3/3/2010	Insurance / Medicaid / Medicare	\$13.56
Deposit	3/3/2010	Patient Co-Pay	\$155.29
Deposit	3/3/2010	Patient Co-Pay	\$204.20
Deposit	3/4/2010	Patient Co-Pay	\$40.00
Deposit	3/4/2010	Insurance / Medicaid / Medicare	\$173.38
Deposit	3/4/2010	Patient Co-Pay	\$311.00
Deposit	3/4/2010	Insurance / Medicaid / Medicare	\$690.65
Deposit	3/4/2010	Insurance / Medicaid / Medicare	\$12,604.54
Deposit	3/4/2010	Insurance / Medicaid / Medicare	\$20,816.63
Deposit	3/5/2010	Patient Co-Pay	\$139.44
Deposit	3/5/2010	Insurance / Medicaid / Medicare	\$12,403.45
Deposit	3/8/2010	Patient Co-Pay	\$89.40
Deposit	3/8/2010	Insurance / Medicaid / Medicare	\$15,295.16
Deposit	3/9/2010	Patient Co-Pay	\$39.00
Deposit	3/9/2010	Patient Co-Pay	\$2,560.52
Deposit	3/9/2010	Insurance / Medicaid / Medicare	\$31,568.40
Deposit	3/10/2010	Patient Co-Pay	\$20.00
Deposit	3/11/2010	Patient Co-Pay	\$77.00
Deposit	3/11/2010	Insurance / Medicaid / Medicare	\$5,505.50
Deposit	3/11/2010	Insurance / Medicaid / Medicare	\$79,048.43
Deposit	3/12/2010	Insurance / Medicaid / Medicare	\$20,493.96
Deposit	3/15/2010	Patient Co-Pay	\$62.00
Deposit	3/15/2010	Patient Co-Pay	\$574.88
Deposit	3/15/2010	Insurance / Medicaid / Medicare	\$8,501.96
Deposit	3/16/2010	Insurance / Medicaid / Medicare	\$191.55
Deposit	3/16/2010	Patient Co-Pay	\$923.84
Deposit	3/16/2010	Insurance / Medicaid / Medicare	\$36,875.15
Deposit	3/17/2010	Patient Co-Pay	\$29.00
Deposit	3/18/2010	Patient Co-Pay	\$87.64
Deposit	3/18/2010	Insurance / Medicaid / Medicare	\$1,011.95
Deposit	3/18/2010	Insurance / Medicaid / Medicare	\$4,916.55
Deposit	3/18/2010	Insurance / Medicaid / Medicare	\$18,765.05
Deposit	3/19/2010	Patient Co-Pay	\$1,243.55
Deposit	3/19/2010	Insurance / Medicaid / Medicare	\$11,394.84
Deposit	3/22/2010	Insurance / Medicaid / Medicare	\$11,466.96
Deposit	3/23/2010	Insurance / Medicaid / Medicare	\$42,619.24
Deposit	3/23/2010	Insurance / Medicaid / Medicare	\$4,136.12
Deposit	3/24/2010	Patient Co-Pay	\$2,122.94
Deposit	3/25/2010	Patient Co-Pay	\$100.00
Deposit	3/25/2010	Patient Co-Pay	\$401.60
Deposit	3/25/2010	Insurance / Medicaid / Medicare	\$1,526.81
Deposit	3/25/2010	Insurance / Medicaid / Medicare	\$11,779.14
Deposit	3/25/2010	Insurance / Medicaid / Medicare	\$23,154.00
Deposit	3/25/2010	Insurance / Medicaid / Medicare	\$11,400.34

Deposit	3/26/2010	Patient Co-Pay	\$4.00
Deposit	3/26/2010	Patient Co-Pay	\$108.58
Deposit	3/26/2010	Insurance / Medicaid / Medicare	\$14,188.87
Deposit	3/26/2010	Insurance / Medicaid / Medicare	\$16,287.77
Deposit	3/29/2010	Patient Co-Pay	\$3.40
Deposit	3/29/2010	Insurance / Medicaid / Medicare	\$15,825.97
Deposit	3/31/2010	Insurance / Medicaid / Medicare	\$3,825.38
Deposit	3/31/2010	Insurance / Medicaid / Medicare	\$6,829.59
Deposit	3/31/2010	Insurance / Medicaid / Medicare	\$1,717.40
Deposit	3/31/2010	Insurance / Medicaid / Medicare	<u>\$14,550.66</u>
			<u><u>\$511,581.81</u></u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 2010

Account Name: Prevalence Health LLC Account Number: 9001277993

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

*See Attached*

Total Cash Disbursements \$ 607.86

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

## Prevalence Health LLC

### Cash Disbursements

Date	Num	Vendor	Reason	Amount
3/2/2010	Wire 3/2/2010	Regions Bank	Bank Fees	(\$67.64)
3/4/2010	Wire 31412010	SafeMeds Solutions	AR Collections Reimbursement	(\$113,429.57)
3/8/2010	Wire 3/8/2010 1	Pitney Bowes-INTERNAL USE ONLY	Exp Reimb by Safemeds	(\$200.00)
3/8/2010	Wire 3/8/2010 2	Netsuite, Inc.	Accounting Software	(\$4,608.00)
3/8/2010	61430	U.S. Trustee	US Trustee Fees	(\$6,500.00)
3/9/2010	Wire 3/9/2010 1	Regions Bank	Bank Fees	(\$254.83)
3/10/2010	Wire 3/10/2010 1	SafeMeds Solutions	AR Collections Reimbursement	(\$119,608.12)
3/11/2010	Wire 3111/2010 1	SafeMeds Solutions	AR Collections Reimbursement	(\$79,048.43)
3/16/2010	61431	Pitney Bowes-INTERNAL USE ONLY	Exp Reimb by Safemeds	(\$200.00)
3/18/2010	Wire 3 18 2010	SafeMeds Solutions	AR Collections Reimbursement	(\$18,765.05)
3/19/2010	3/19/10 1	SafeMeds Solutions	AR Collections Reimbursement	(\$70,769.02)
3/19/2010	3/19/2010 2	SafeMeds Solutions	AR Collections Reimbursement	(\$8,501.96)
3/22/2010	312212010 1	Pitney Bowes-INTERNAL USE ONLY	Exp Reimb by Safemeds	(\$1,000.00)
3/25/2010	61432	Arthur J Gallagher	Directors & Officers Insurance	(\$17,150.00)
3/25/2010	3/25/2010 1	SafeMeds Solutions	AR Collections Reimbursement	(\$11,779.14)
3/26/2010	3/26/2010 1	SafeMeds Solutions	AR Collections Reimbursement	(\$109,566.40)
3/31/2010	3/31/2010 1	SafeMeds Solutions	AR Collections Reimbursement	(\$46,418.59)
				<u>(\$607,866.75)</u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 2010

Account Name: Prevalence Health Account Number: 0121078971  
Asset Sale LLC

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
<u>3/31</u>	<u>Interest Revenue Pyne</u>	<u>854</u>

Total Cash Receipts \$ 854



CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 2010

Account Name: Prevalence Health LLC Account Number: 0121078971  
Asset Sale Acct

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Total Cash Disbursements

\$

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 20 10

Account Name: Prevalence Health Account Number: 0101894579  
DIP

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

Total Cash Receipts

\$ 

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Mar 1 to Mar 31, 2010

Account Name: Prevalence Health Account Number: 0101894579  
PIF

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
3/9/10	ACH	Regions	Bank Fee	20

Total Cash Disbursements \$ 20

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period Mar 1 to Mar 31, 2010

**POST-PETITION ACCOUNTS PAYABLE AGING REPORT**

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

*See Attached*

\* Reflects charges billed to Prevalence, including charges disputed by Prevalence

**Prevalence Health, LLC**  
**Post Petition Accounts Payable**  
**March 31,2010**

Vendor	Date	No	Age	Open Balance	Memo
Advocate Solutions	6/15/2010		289	\$664.00	120+
Williams Montgomery & John Ltd.	611512009	155576	289	\$2,749.36	120+
<b>Westwood Square, PISIP</b>	612012009		284	\$250.00	120+
Hamilton Partners	612012009		284	\$14,769.94	120+
Avaya, Inc.	612612009	2728939461	278	\$761.49	120+
Wells Fargo Financial Leasing	613012009	6745121525	274	\$298.03	120+
Anda	71112009	774707	273	(\$48.43)	120+
Anda	71112009	775310	273	(\$47.54)	120+
Anda	712/2009	780875	272	(\$30.00)	120+
Hamilton Partners	71212009	090702-10786	272	\$2,080.33	120+
Young Williams P.A	717/2009	49592 Pre	267	\$1,011.50	120+
ComEd- Commonwealth Edison	71812009	6/8-7/8/09	266	\$479.16	120+
Broward County Revenue Collector	7114/2009	Local Business Tax Renewal	260	\$45.00	120+
North Shore Gas	711612009	6112-7114109	258	\$69.30	120+
Toyota Financial Services	711712009	4000250558	257	\$207.09	120+
Hamilton Partners	711712009	090717-10786	257	\$633.01	120+
<b>Westwood Square, PISIP</b>	7120/2009		254	\$250.00	120+
Hamilton Partners	7120/2009		254	\$14,769.94	120+
Banc Of America Leasing	712112009	011093620	253	\$326.50	120+
Avaya, Inc.	712612009	2729047343	248	\$761.48	120+
North Shore Gas	713012009	6/9-7/14/09	244	\$69.26	120+
Journal	713112009	854	243	(\$7,782.84)	120+
Wells Fargo Financial Leasing	7131/2009	6745159529	243	\$298.03	120+
Aetna Maintenance, Inc.	81112009	82761	242	\$500.32	120+
ComEd- Commonwealth Edison	816/2009	718-816109	237	\$1,135.03	120+
North Shore Gas	811312009	7114-8/12109	230	\$140.69	120+
<b>Westwood Square, PISIP</b>	812012009		223	\$250.00	120+
Hamilton Partners	812012009		223	\$14,769.94	120+
Banc Of America Leasing	812112009	011138583	222	\$291.50	120+
Young Williams P.A	8/24/2009	49592 Post - 1	219	\$74.75	120+
Avaya, Inc.	8/26/2009	2729164647	217	\$761.48	120+
Quill	812812009	8951299	215	\$110.85	120+
Wells Fargo Financial Leasing	8/31/2009	6745198232	212	\$298.03	120+
Aetna Maintenance, Inc.	91112009	92762	211	\$500.32	120+
CT Corporation	9/1/2009	2004471657-00	211	\$1,620.00	120+
Quill	9/3/2009	9080458	209	\$72.79	120+
ComEd- Commonwealth Edison	9/4/2009	816-914109	208	\$1,608.16	120+
North Shore Gas	911612009	8112-9114109	196	\$70.44	120+
<b>Westwood Square, P/S/P</b>	9120/2009		192	\$250.00	120+
Banc Of America Leasing	912012009		192	\$291.50	120+
Hamilton Partners	9120/2009		192	\$14,769.94	120+
Avaya, Inc.	912612009	2729265177	186	\$761.48	120+
Moore Wallace An RR Donnelley Co.	912912009	873050230	183	\$134.50	120+
Moore Wallace An RR Donnelley Co.	912912009	169997267	183	\$1,313.09	120+
Wells Fargo Financial Leasing	913012009	6745237646	182	\$298.03	120+
Avaya, Inc.	101112009	2729282145	181	\$264.42	120+
Aetna Maintenance, Inc.	10/1/2009	105711	181	\$500.32	120+
ComEd- Commonwealth Edison	101612009	914-1016109	176	\$2,051.14	120+
North Shore Gas	1011412009	9114-10114109	168	\$287.75	120+
Sun Microsystems Global Financial Services	10/15/2009	591219022 1911	167	(\$1,579.44)	120+
<b>Westwood Square, PISIP</b>	10/20/2009		162	\$250.00	120+
<b>Machost Road LLC</b>	1012012009		162	\$1,600.00	120+
Hamilton Partners	1012012009		162	\$14,769.94	120+
Banc Of America Leasing	10/21/2009	11226721	161	\$291.50	120+
Wells Fargo Financial Leasing	10/30/2009	6745277684	152	\$298.03	120+
City of Zachary	11/6/2009	02-00760402	145	\$9.81	120+
				\$91,350.92	120+ Total
Banc Of America Leasing	12/21/2009	011311429	100	\$343.00	90-120
				\$343.00	90-120 Total
Securian Retirement Services	1/1/2010	01012010/03312010	89	\$571.00	60-90
U.S. Trustee	1/7/2010	01072010	83	\$6,500.00	60-90
				\$7,071.00	60-90 Total
				\$98,764.92	Grand Total

**Prevalence Health, LLC**  
**Accrued Expenses - Month End Accruals**  
**March 2010**

<u>Description</u>	<u>Amount</u>
Misc Accruai	7,284.00
US Trustee Fee	2,200.00
2008 Audit & Tax Return	4,979.00
2008 FL operating expenses - Rent	134.00
ABC Interest Post	1,278.00
LA Script Fee	934.00
AR Collections Owed to SafeMeds Solutions	26,924.00
401k Admin Fees	2,310.00
Total Accrued Expenses	<u>46,043.00</u>
Balance per GL	<u>46,043.00</u>
Difference	<u>                    </u>

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

## SUPPORTING SCHEDULES

For Period Mar to Mar 31, 2010

## ACCOUNTS RECEIVABLE AGING REPORT

[illegible]

See Attached

4/22/2010

Prevalence Health, LLC  
Accounts Receivable Summary  
March 31, 2010

Receivable from:	Current	31-60	61-90	91 - 120	120+	Total
Insurance (Medicaid) Patients (Co-Pay)	\$ -	\$ -	\$ -	\$ -	\$ 283,292	\$ 283,292
	-	-	-	-	208,127	208,127
Total Accounts Rec	\$ -	\$ -	\$ -	\$ -	\$ 491,419	\$ 491,419
Estimated Reserve						
Insurance	-	-	-	-	349,773	349,773
Patients	0.25%	0.25%	2.0%	5.0%	50.0%	
	25.0%	50.0%	100.0%	100.0%	100.0%	
AR per ScriptMed	\$ 491,419					
Deposits in NetSuite not ScriptMed						
Not in Amount Due SafeMeds	\$ (6,935)					
Difference in MS Medicaid						
Rec Vs Posted	\$ (32,684)					
Adjusted AR per ScriptMed	451,800					
AR per GL	451,800					
Difference						

Prepared by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_



**Prevalence Health**  
**AR Aging - 313112010**

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.00					36.00
Ameri Group- FL	261.00					261.00
American Prog Part D- FL	1,200.00					1,200.00
Community Care Part D- FL	2,112.00					2,112.00
Community Care Part D- LA	2,562.00					2,562.00
Coventry Part D- LA	113.00					113.00
Florida Medicaid	21,082.00					21,082.00
Florida Medicaid DME	48,959.00					48,959.00
Healthspring Part D- LA	1,974.00					1,974.00
Humana Part D- FL	3,945.00					3,945.00
Humana Part D- LA	579.00					579.00
Illinois Medicaid	9,999.00					9,999.00
Indiana Medicaid	927.00					927.00
Louisiana Medicaid	47,498.00					47,498.00
MS Blue Cross LA/MS	588.00					588.00
Medco Part D- FL	20.00					20.00
Medco Part D- LA	1,800.00					1,800.00
Member Health Part D- FL	1,843.00					1,843.00
Member Health Part D- LA	3,011.00					3,011.00
Marquette National Part D- FL	706.00					706.00
Marquette National Part D- LA	256.00					256.00
Mississippi Medicaid	16,055.00					16,055.00
Mississippi Med Supplies	66,470.00					66,470.00
NDC Part D- LA	31.00					31.00
Omnisys Medicare- IL	31,562.00					31,562.00
Pacificare Part D-FL	2,501.00					2,501.00
Pacificare Part D- LA	1,604.00					1,604.00
Pacificare Wrap Part D- LA	577.00					577.00
Amerigroup PCS- FL	1,306.00					1,306.00
POS Temp Payment Part D- LA	74.00					74.00
RX America Part D- LA	257.00					257.00
Silverscript Part D- LA	1,004.00					1,004.00
Tennessee Medicaid	1,519.00					1,519.00
United Healthcare- FL	156.00					156.00
Unicare Part D- FL	4,548.00					4,548.00
Unicare Part D- LA	136.00					136.00
Wellcare Healthease	2,125.00					2,125.00
Wellcare Part D- FL	3,355.00					3,355.00
Wellcare Part D- LA	541.00					541.00
Total	283,292.00		-			283,292.00

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period Mar 1 to Mar 31, 20 10

**INSURANCE SCHEDULE**

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation				
General Liability				
Property (Fire, Theft)				
Vehicle				
Other (list):				
<u>D+O</u>	<u>Darwin National</u>	<u>3,000,000</u>	<u>3/1/2011</u>	<u>yes</u>

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

**Prevalence Health, LLC**  
**Reconciliation Summary - 1001 Regions**  
**As of 3/31/2010**

ID	Balance
<b>Reconciled</b>	
Cleared Deposits and Other Credits	511,582.81
Cleared Checks and Payments	(607,866.75)
Total - Reconciled	(96,283.94)
Last Reconciled Statement Balance - 2/28/2010	551,320.79
Current Reconciled Balance	455,036.85
Reconcile Statement Balance - 3/31/2010	455,036.85
Difference	0.00
<b>Unreconciled</b>	
Uncleared	
Checks and Payments	(4,979.11)
Total - Uncleared	(4,979.11)
Cleared	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 3/31/2010	451,635.38

if < 51.00  
6 451,584

**Prevalence Health, LLC**  
**Reconciliation Detail - 1001 Regions**  
**As of 3/31/2010**

ID	Date	No.	Balance
<b>Reconciled</b>			
<b>Cleared Deposits and Other Credits</b>			
Deposit	3/1/2010		10,181.50
Deposit	3/2/2010		32,524.07
Deposit	3/3/2010		155.29
Deposit	3/3/2010		204.20
Deposit	3/3/2010		13.56
Deposit	3/4/2010		40.00
Deposit	3/4/2010		20,816.63
Deposit	3/4/2010		690.65
Deposit	3/4/2010		173.38
Deposit	3/4/2010		311.00
Deposit	3/4/2010		12,604.54
Deposit	3/5/2010		139.44
Deposit	3/5/2010		12,403.45
Deposit	3/8/2010		89.40
Deposit	3/8/2010		15,295.16
Deposit	3/9/2010		39.00
Deposit	3/9/2010		2,560.52
Deposit	3/9/2010		31,568.40
Deposit	3/10/2010		20.00
Deposit	3/11/2010		77.00
Deposit	3/11/2010		5,505.50
Deposit	3/11/2010		79,048.43
Deposit	3/12/2010		20,493.96
Deposit	3/15/2010		574.88
Deposit	3/15/2010		62.00
Deposit	3/15/2010		8,501.96
Deposit	3/16/2010		191.55
Deposit	3/16/2010		36,875.15
Deposit	3/16/2010		923.84
Deposit	3/17/2010		29.00
Deposit	3/18/2010		18,765.05
Deposit	3/18/2010		87.64
Deposit	3/18/2010		4,916.55
Deposit	3/18/2010		1,011.95
Deposit	3/19/2010		11,394.84
Deposit	3/19/2010		1,243.55
Deposit	3/22/2010		11,466.96
Deposit	3/23/2010		46,755.36
Deposit	3/24/2010		2,122.94
Deposit	3/25/2010		34,554.34
Deposit	3/25/2010		1,526.81
Deposit	3/25/2010		100.00
Deposit	3/25/2010		401.60
Deposit	3/25/2010		11,779.14
Deposit	3/26/2010		4.00
Deposit	3/26/2010		108.58
Deposit	3/26/2010		16,287.77
Deposit	3/26/2010		14,188.87
Deposit	3/29/2010		3.40
Deposit	3/29/2010		15,825.97
Deposit	3/31/2010		26,924.03
Total - Cleared Deposits and Other Credits			<b>511,582.81</b>

ID	Date	No.	Balance
Cleared Checks and Payments			
Check	3/2/2010	Wire 31212010	(67.64)
Check	3/4/2010	Wire 31412010	(113,429.57)
Check	3/8/2010	Wire 31812010 1	(200.00)
Check	3/8/2010	Wire 31812010 2	(4,608.00)
Check	3/8/2010	61430	(6,500.00)
Check	3/9/2010	Wire 31912010 1	(254.83)
Check	3/10/2010	Wire 311012010 1	(119,608.12)
Check	3/11/2010	Wire 311112010 1	(79,048.43)
Check	3/16/2010	61431	(200.00)
Check	3/18/2010	Wire 3 182010	(18,765.05)
Check	3/19/2010	3119110 1	(70,769.02)
Check	3/19/2010	311912010 2	(8,501.96)
Check	3/22/2010	312212010 1	(1,000.00)
Check	3/25/2010	3/25/2010 1	(11,779.14)
Bill Payment	3/25/2010	61432	(17,150.00)
Check	3/26/2010	312612010 1	(109,566.40)
Check	3/31/2010	3/31/2010 1	(46,418.59)
Total - Cleared Checks and Payments			(607,866.75)
Total - Reconciled			(96,283.94)
Last Reconciled Statement Balance - 212812010			551,320.79
Current Reconciled Balance			455,036.85
Reconcile Statement Balance - 313112010			455,036.85
Difference			0.00
Unreconciled			
Uncleared			
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Check	5/22/2009	eft 05 22 09	(200.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	11/23/2009	61424	(1,579.44)
Bill Payment	11/23/2009	61423	(25.00)
Total - Checks and Payments			(4,979.11)
Total - Uncleared			(4,979.11)
Cleared			
Deposits and Other Credits			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 313112010			451,635.38



Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00044991 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001  
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**COMMERCIAL ANALYZED CHECKING**  
February 27, 2010 through March 31, 2010

**SUMMARY**

Beginning Balance	\$551,320.79	Minimum Balance	\$446,482
Deposits & Credits	\$511,582.81	+	
Withdrawals	\$583,961.92	-	
Fees	\$254.83	-	
Automatic Transfers	\$0.00	+	
Checks	\$23,650.00	-	
<b>Ending Balance</b>	<b>\$455,036.85</b>		

**DEPOSITS & CREDITS**

03/01	State of Ill Commercial 0006Prevalence Ah6465176000554	10,181.50
03/02	Deposit - Thank You	32,524.07
03/03	Deposit - Thank You	204.20
03/03	Deposit - Thank You	13.56
03/03	Merchant Service Merch Dep Health Allianc 8003547554	155.29
03/04	Deposit - Thank You	20,816.63
03/04	Deposit - Thank You	311.00
03/04	Regions Bank Acct Trans MS364174656 Ccooley	12,604.54
03/04	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100227	690.65
03/04	State of Ill Commercial 0006Prevalence Ah6505656002825	173.38
03/04	Merchant Service Merch Dep Health Allianc 8003547554	40.00
03/05	Memberhealth CIn Payment Tedsmeds.Recel 2302043	12,403.45
03/05	Merchant Service Merch Dep Health Allianc 8003547554	139.44
03/08	State of Ill Commercial 0006Prevalence Ah6539286000612	15,295.16
03/08	Merchant Service Merch Dep Health Allianc 8003547554	89.40
03/09	Deposit - Thank You	31,568.40
03/09	Deposit - Thank You	2,560.52
03/09	Merchant Service Merch Dep Health Allianc 8003547554	39.00
03/10	Merchant Service Merch Dep Health Allianc 8003547554	20.00
03/11	Regions Bank Acct Trans MS364174656 Ccooley	79,048.43
03/11	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100306	5,505.50
03/11	Merchant Service Merch Dep Health Allianc 8003547554	77.00
03/12	Memberhealth CIn Payment Tedsmeds.Recel 2310471	20,493.96
03/15	Deposit - Thank You	574.88
03/15	State of Ill Commercial 0006Prevalence Ah6653378001788	8,501.96
03/15	Merchant Service Merch Dep Health Allianc 8003547554	62.00
03/16	Deposit - Thank You	36,875.15
03/16	Deposit - Thank You	923.84
03/16	State of Ill Commercial 0006Prevalence Ah6682741007848	191.55
03/17	Merchant Service Merch Dep Health Allianc 8003547554	29.00
03/18	Deposit - Thank You	4,916.55
03/18	Regions Bank Acct Trans MS364174656 Ccooley	18,765.05
03/18	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100313	1,011.95
03/18	Merchant Service Merch Dep Health Allianc 8003547554	87.64



**REGIONS**

**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



**ACCOUNT # 9001277993**

Cycle 001  
Enclosures 27  
Page 2 of 4

**DEPOSITS & CREDITS (CONTINUED)**

03/19	Deposit - Thank You	1,243.55
03/19	Memberhealth Cln Payment Tedsmeds.Recei 2318925	11,394.84
03/22	State of Ill Commercial 0006Prevalence Ah6740802001982	11,466.96
03/23	Deposit - Thank You	46,755.36
03/24	Deposit - Thank You	2,122.94
03/25	Deposit - Thank You	<b>34,554.34</b>
03/25	Deposit - Thank You	401.60
03/25	Regions Bank Acct Trans MS364174656 Ccooley	11,779.14
03/25	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949100320	1,526.81
03/25	Merchant Service Merch Dep Health Allianc 8003547554	100.00
03/26	Deposit - Thank You	14,188.87
03/26	Deposit - Thank You	108.58
03/26	Memberhealth Cln Payment Tedsmeds.Recei 2327352	16,287.77
03/26	Merchant Service Merch Dep Health Allianc 8003547554	4.00
03/29	State of Ill Commercial 0006Prevalence Ah6866304000607	15,825.97
03/29	Merchant Service Merch Dep Health Allianc 8003547554	3.40
03/31	Deposit - Thank You	26,924.03
<b>Total Deposits &amp; Credits</b>		<b>\$511,582.81</b>

**WITHDRAWALS**

03/02	Merchant Service Merch Fee Health Allianc 8003547554	67.64
03/04	Regions Bank Acct Trans MS364174656 Ccooley	113,429.57
03/08	Netsuite Inc.. Payments 617326 Prevale 1379804	4,608.00
03/08	Pitney Bowes Postage Prevalence Hea 42906255	200.00
03/10	Regions Bank Acct Trans MS364174656 Ccooley	119,608.12
03/11	Regions Bank Acct Trans MS364174656 Ccooley	79,048.43
03/16	Pitney Bowes Postage Prevalence Hea 42906255	200.00
03/18	Regions Bank Acct Trans MS364174656 Ccooley	18,765.05
03/19	Regions Bank Acct Trans MS364174656 Ccooley	70,769.02
03/19	Regions Bank Acct Trans MS364174656 Ccooley	8,501.96
03/22	Pitney Bowes Postedge Bonnie Savoie 37968013	1,000.00
03/25	Regions Bank Acct Trans MS364174656 Ccooley	11,779.14
03/26	Regions Bank Acct Trans MS364174656 Ccooley	109,566.40
03/31	Regions Bank Acct Trans MS364174656 Ccooley	46,418.59
<b>Total Withdrawals</b>		<b>\$583,961.92</b>

**FEES**

03/09	Analysis Charge	02-10	254.83
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**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
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**CHECKS**

Date	Check No.	Amount	Date	Check No.	Amount
03/08	61430	6,500.00	03/29	61432 *	17,150.00

Total Checks \$23,650.00

\* Break In Check Number Sequence.

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
03/01	561,502.29	03/11	452,065.32	03/23	516,123.53
03/02	593,958.72	03/12	472,559.28	03/24	518,246.47
03/03	594,331.77	03/15	481,698.12	03/25	554,829.22
03/04	515,538.40	03/16	519,488.66	03/26	475,852.04
03/05	528,081.29	03/17	519,517.66	03/29	474,531.41
03/08	532,157.85	03/18	525,533.80	03/31	455,036.85
03/09	566,070.94	03/19	458,901.21		
03/10	446,482.82	03/22	469,368.17		

**You may request account disclosures containing  
terms, fees, and rate information (if applicable)  
for your account by contacting any Regions office.**

For all your banking needs, please call 1-800-REGIONS(734-4667).  
or visit us on the Internet at [www.regions.com](http://www.regions.com).

**Thank You For Banking With Regions!**





Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
PO BOX 12648  
JACKSON MS 39236-2648

ACCOUNT # 9001277993

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Check #61430, dated 03/08/2010, for \$6500.00. The check is payable to Prevalence Health, LLC. The check number 61430 is visible in the top right corner. The MICR line at the bottom reads: ⑆61430⑆ ⑆00653059026⑆ ⑆9001277993⑆.

Check# 61430 03/08/2010 \$6500.00

Check #61432, dated 03/29/2010, for \$17150.00. The check is payable to Prevalence Health, LLC. The check number 61432 is visible in the top right corner. The MICR line at the bottom reads: ⑆61432⑆ ⑆00653059026⑆ ⑆9001277993⑆.

Check# 61432 03/29/2010 \$17150.00



Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00070443 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE NO#09-02016-EE  
4270 1 55 N STE 102  
JACKSON MS 39211-6394



ACCOUNT # 0101894579

Cycle 001  
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**COMMERCIAL ANALYZED CHECKING**

February 27, 2010 through March 31, 2010

**SUMMARY**

Beginning Balance	\$58.12		Minimum Balance	\$38
Deposits & Credits	\$0.00	+		
Withdrawals	\$0.00	-		
Fees	\$20.01	-		
Automatic Transfers	\$0.00	+		
Checks	\$0.00	-		
Ending Balance	\$38.11			

**FEES**

03/09	Analysis Charge	02-10	20.01
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**DAILY BALANCE SUMMARY**

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
03/09	38.11				

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terms, fees, and rate information(if applicable)  
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or visit us on the Internet at [www.regions.com](http://www.regions.com).

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**REGIONS****Regions Bank**Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 3920100070475 01 AV 0335 001  
PREVALENCE HEALTH LLC  
4270 I 55 N STE 102  
JACKSON MS 39211-6394

1 - 2

ACCOUNT # 0121078971

Cycle 001  
Enclosures 26  
Page 0  
1 of 1**BUSINESS MONEY MARKET**

February 27, 2010 through March 31, 2010

**SUMMARY**

Beginning Balance	<b>\$936,221.58</b>		Minimum Balance	<b>\$936,221</b>
Deposits & Credits	\$0.00	+	Average Balance	<b>\$936,221</b>
Net Interest Earned	\$854.01	+	Annual Percentage Yield Earned	<b>1.01%</b>
Withdrawals	\$0.00	-	Interest This Period	<b>\$854.01</b>
Fees	\$0.00	-	Average Collected Balance	<b>\$936,221.58</b>
Automatic Transfers	\$0.00	+	2010 YTD Interest	<b>\$2,546.11</b>
Checks	\$0.00	-		
Ending Balance	<b>\$937,075.59</b>			

**INTEREST**

03/31 Interest Payment 854.01

**DAILY BALANCE SUMMARY**

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
03/31	937,075.59				

**AS A REMINDER, A CASH HANDLING FEE IS  
IMPOSED ON ALL BUSINESS CHECKING AND  
MONEY MARKET ACCOUNTS PER STATEMENT  
CYCLE AS DETAILED BELOW:**

**CASH DEPOSIT FEE:  
UP TO \$10,000: NO CHARGE  
OVER \$10,000 (PER \$100): \$0.15**

For all your banking needs, please call 1-800-REGIONS (734-4667).  
or visit us on the Internet at [www.regions.com](http://www.regions.com).

Thank You For Banking With Regions!

45.52

5828.84